

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/20/2015
NAME OF PROVIDER OR SUPPLIER ERWIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 STALLING LANE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 253 SS=E	<p>A Recertification survey and complaint investigation #34387 was conducted from 5/18/15 through 5/20/15, at Erwin Health Care Center. No deficiencies were cited under 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to repair missing, broken, and loose tile, in the facility flooring for four of four hallways observed.</p> <p>The findings included:</p> <p>Observation and interview with the Maintenance Director on 5/19/15 at 8:54 AM, at the Dogwood/Magnolia nursing station revealed floor tile broken and/or loose on the Skilled hallway, Alzheimer's unit, Dogwood hallway, and Magnolia hallway. Continued interview revealed the problem was ongoing and the Maintenance Director could not find the correct floor tiles in the current size.</p> <p>Interview with the Administrator on 5/19/15 at 4:12 PM, in the Administrators office confirmed the facility failed to replace the floor tiles.</p>	F 253	<p>The Administrator has directed the Maintenance Director to contract the proper replacement of loose and broken tile within the appropriate time allowed by the survey.</p> <p>The installation requires the contractor to cut the tile to the size that would be conducive to the grout lines of the present tile.</p> <p>The Administrator or Assistant-to-the-Administrator will label the tile that needs to be replaced by the contractor and those tiles will be inspected for proper installation by the above management personnel.</p> <p>The facility floor will be monitored weekly by the Administrator and the Assistant-to-the-Administrator for the replacement of future tiles.</p>	7/4/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.